

INTER AGENCY REVOCABLE ENCROACHMENT PERMIT
APPLICATION

PERMITTEE

Agency: _____

Address: _____

Contact: _____

Phone: _____

Name of Responsible Party: _____

Start Date: _____ **Thomas Guide:** _____

No. of Working Days: _____

Location of Work: _____

Description of work: _____

CONTRACTOR

Contractor: _____

Address: _____

24 hr. Contact: _____

24 hr. phone: _____

Contractor's Lic. No. _____

City Business Lic. No. _____

Project Schedule: _____

Attach to the Application:

- (1) Detailed Traffic Control Plan (**3 Copies**)
- (2) Construction Schedule (**3 Copies**)
- (2) Site / Project Plans and Specifications (**3 Copies**)
- (3) **Contractor Insurance Certification** (CSJ as additional insured)

This **INTER AGENCY REVOCABLE ENCROACHMENT PERMIT** is issued in accordance with the fee schedule adopted by the City Council on June 14, 2005, Resolution No. 72737, which designates a "Cost plus" fee for recovery of the City's expense for plan review and inspection. The City may waive these fees at its sole discretion when in the interest of the City. The Permittee will be invoiced monthly for time and material cost accrued by City Staff to perform all activities necessitated by the project.

If applicable, permit fee estimate will be provided to the permittee after complete submittal is received.

(CITY USE ONLY)

CSJ RECEIVED BY: _____ **DATE:** _____ **TIME:** _____ AM / PM

☐ Reason for encroachment Date: _____

☐ Description of Work Date: _____

☐ Insurance Certificate Date: _____

☐ Traffic Control Plan Date: _____

☐ Site Plan Date: _____

SPECIAL CONDITIONS AND COMMENTS: _____

☐ Permit Complete Date: _____

☐ Permit Signed Date: _____

☐ Notification of Completion Date: _____

INSPECTOR ASSIGNED

PERMIT NUMBER